

Chilton Public School Concussion Form

The Wisconsin Concussion Law requires all youth athletic organizations to educate coaches, athletes and parents on the risks of concussions and head injuries and prohibits participation in a youth activity until the athlete and parent or guardian has returned a signed agreement sheet indicating they have reviewed the concussion and head injury informational materials. The law requires immediate removal of an individual from a youth athletic activity if symptoms indicate a possible concussion has been sustained. A person who has been removed from a youth athletic activity because of a determined or suspected concussion or head injury, may not participate again until he or she is evaluated by a health care provider and receives written clearance from the health care provider to return to the activity.

For information regarding concussions please visit: <http://www.wiaawi.org/Health/Concussions.aspx>

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and certify that you have read, understand, and agree to abide by the Wisconsin Concussion Law. You further certify that if you have not understood any information, you have sought and received an explanation of the information prior to signing this statement.

Parent Agreement:

I _____ have **read** and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____